

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8446**

No. 300  
10. 48

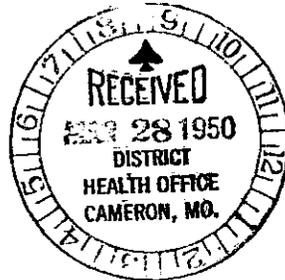
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>139</b>		PRIMARY REG. DIST. NO. <b>4221</b>		Registrar's No. <b>19</b>	
1. PLACE OF DEATH a. COUNTY <b>Holt</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mound City</b>		c. LENGTH OF STAY (in this place) <b>54 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mound City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mound City, Missouri</b>				d. STREET ADDRESS (If rural, give location) <b>Mound City</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>		b. (Middle) <b>Ludwig</b>		c. (Last) <b>Marti</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>3 21 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb., 16, 1896</b>		9. AGE (In years last birthday) <b>54</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Mound City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Godfrey Marti</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Schneider</b>		14. NAME OF HUSBAND OR WIFE <b>Flora Marti</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes. 1st World War</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Flora Marti Mound City, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>1950</b> without medical attention and that the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>F. E. Hogan M.D.</b>				23b. ADDRESS <b>Mound City</b>		23c. DATE SIGNED <b>3-22-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-24-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mound City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-21-50</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Mound City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1950



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*James H Crawford*  
.....  
working under my personal supervision.

Student Embalmer No. 352

Student *James H Crawford*  
.....  
Student Embalmer

Signed *J H Crawford*  
.....

Licensed Embalmer No. 1824

P. O. Address Mound City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.